

# **D Med Pol Communiqué 2019-001 - Guidance to NCJCR HQ and RMLOs for Cadet Measles Immunization Requirements for CTCs**

*23 April 2019*

## **Background**

1. As we build up to the 2019 Cadet Training Centre (CTC) season, globally there are large measles outbreaks in various countries and we note that there are confirmed cases of measles infections within Canada in various geographic regions.
2. Measles is a highly contagious viral disease for which there is no cure. Fortunately, Canadian guidelines for pediatric immunizations include a very effective vaccine to protect against this infection. Unfortunately participation in, or adherence to, the current recommended schedule of immunizations is not complete and a significant portion of Canadian youth remain without protection, placing themselves and others at risk of contracting this disease.
3. Due to the close quarters and close contact the Cadets experience during the CTC, if the virus is introduced into the camp, there is a higher probability of spreading the virus than would be seen in many other settings.

## **Measles Info**

4. The following statistics are provided for context as they pertain to the concerns CFHS has regarding this topic:
  - a) There are 20 million new cases of measles each year. The large majority of these are in children and adolescents.
  - b) Up to 90% of unimmunized people coming in contact with an infected person will contract the virus and are at higher risk of developing complications
  - c) Of those fully immunized, 2-3 out of 100 can still get (and pass on) the disease. In these cases, the disease is typically much milder than those that are unimmunized.
  - d) In recent years there has been a rise in the number of reported cases of measles. The reasons for this vary. In Canada there has been an increase in measles cases of 300% since 1998 with the greatest changes occurring in the last few years. While the number of cases relative to the population remains small, the resulting lower “herd-immunity” contributes to an overall higher risk of infection.

NOT CONTROLLED WHEN PRINTED

5. Signs & Symptoms of the measles virus include:
  - a) High Fever
  - b) Dry Cough
  - c) Runny nose
  - d) Red Eyes / Watery eyes
  - e) Excessive Sleepiness
  - f) Koplik spots (tiny white spots inside the mouth)
  - g) Rash – usually starts on the face and works down the body
6. Spreading of the virus from one person to another happens very easily. The virus lives in the mucous of the nose and throat of infected persons. It is largely spread by coughing/sneezing and therefore is most effectively spread by close contact, but airborne transmission is also an important mode of passing on the virus.
7. It is important to note that the virus can live on surfaces (faucets/door knobs/shopping carts/etc) for up to two hours and therefore hygiene adherence is of great importance.
8. The complications associated with the measles infection are significant:
  - a) Diarrhea (<1 in 10) – Risk of dehydration and electrolyte imbalance
  - b) Ear infection (1 in 10) – Risk of permanent hearing loss
  - c) Pneumonia (1 in 20) – Most common cause of death
  - d) Encephalitis (1 in 1000) – Risk of seizure, brain damage, permanent disabilities
  - e) Death (1-2 in 1000)

## **Recommendations**

### **Prior to CTCs**

9. Included in Annex A, CFHS has provided the content for a letter that should be given to all Cadets and their guardians (where applicable). This letter should be sent as soon as possible in order to allow the Cadets, should they choose to do so, sufficient time to obtain the required vaccinations prior to attending CTCs.

## NOT CONTROLLED WHEN PRINTED

10. Based on current statistics, measles outbreak in the CTCs at this time is felt to be of low likelihood, however, NCJCR (National Cadet and Junior Canadian Ranger) HQ should be aware the risk is certainly higher than it has been in previous years.
11. When completing orientation, the clinic staff will include a reminder/refresher of the clinical presentation and clinical management of vaccine preventable diseases that may arise at Camp as well as the public health response to such disease – including measles.

### **At CTC intakes**

12. All Healthcare Providers (HCPs) will pay particular attention to the presence of possible risk factors for measles during the intake process as the Cadets arrive to the CTCs (immunization status, recent travel, risk of exposure, early symptoms, etc)
13. Any Cadet lacking the required immunizations will have such information documented in their chart. The Senior Nursing Officer (SNO) will keep a current list of all unimmunized participants at their CTC which will be referenced in the event of an outbreak.
14. Any Cadet having travelled to regions with known active measles cases (e.g. Democratic Republic of Congo, Ethiopia, France, India, Indonesia, Italy, Nigeria, Pakistan, Ukraine etc.) and/or having been in contact with any individual suspected to have had measles will have such information documented in their charts and monitored daily for a period of 12 days for any evolution of symptoms.
15. Any Cadet showing sign or symptoms of the measles virus will be assessed by the SMA or delegate prior to being admitted to any shared/common areas.

### **During CTC**

16. All CTC staff are to remain vigilant for possible signs/symptoms of measles infections as defined above and report these to CTC clinic staff immediately. If a delay will occur, all efforts shall be made to minimize unnecessary contact with other Cadets and staff. All hygiene procedures are to be adhered to stringently
17. If, after appropriate assessment, the HCP is concerned of a possible measles case the SMA and BSurg will be notified, the Cadet transferred for laboratory confirmation and all close contacts (eg. Cadets sharing quarters) to be temporarily quarantined PER CTC SOPs, until laboratory confirmation is obtained.
  - a) If any of these Cadets are unimmunized, the SMA is to be notified immediately.
18. If laboratory testing confirms measles virus is present:

## NOT CONTROLLED WHEN PRINTED

- a) All appropriate treatment to Cadet will be given and isolation applied as needed. RTU to be considered as needed and as soon as is appropriate per Public Health recommendations. This could be a period of up to 21 days.
  - b) The BSurg and Cadets' Med Advisor are to be notified immediately to manage the reporting and post exposure treatment recommendations
  - c) Quarantined Cadets will remain in quarantine for a period of at least 12 days after last exposure as the individual can be infectious during this time period. A final examination with the SMA is required prior to discontinuing quarantine procedures.
19. In the event of any suspected case of measles virus at any CTC, regarding all unimmunized Cadets, the supporting BSurg will evaluate the situation and make recommendations (with the assistance of D FHP and the CCO Med Advisor) regarding:
- a) Immediate post exposure treatment as appropriate (Vaccination or Immunoglobulin therapy); or
  - b) The immediate RTU of all Cadets refusing (or unable) to accept such treatments.

## References

- A. [Government of Canada – Public Health](#), Measles – Symptoms and Treatment
- B. [Centers for Disease Control and Prevention \(english only\)](#), Measles – For Health Care Professionals

## Annexes

- A. Annex A - CF H Svcs Gp Recommended Subject Matter Content for Letter to Cadet Families

Annex A to D Med Pol Communiqué 2019-001

## CF H Svcs Gp Recommended Subject Matter Content for Letter to Cadet Families

Recommended subject matter to be sent to Cadets (and their legal guardians where appropriate) that will be participating in CTCs for the 2019 summer period. NCJCR may use the content of this Annex to issue an official letter of communication to the CTC participants.

*You are receiving this letter because you (or your child) will be participating at one of the Summer Training Centres this year. Due to recent increases in confirmed cases of measles within various regions across Canada, the Canadian Armed Forces and the Cadets Organization would like to ensure Cadets and Legal Guardians are aware of the risks associated with this infection and to afford you the opportunity to ensure you have maximum protection from contracting this disease.*

*Diseases that are prevented by vaccines, such as measles, may be introduced into Cadet Camps by Cadets (or Cadet Instructors) attending such Camps which can then be transmitted to other Cadets (or Cadet Instructors).*

*It is highly recommended, that all Cadets (or Cadet Instructors) coming to Camp have had all the immunizations that are recommended for the age of the Cadet (or Cadet Instructor) by the Provincial/Territorial Public Health Authority. Such immunization may well have been necessary to attend school in your province.*

*Recently, there have been cases of measles in several provinces, and this makes being up-to-date for measles vaccine important for the Cadet (or Cadet Instructor) as well as all others participating in, or working at, the Camp. Note that measles (and measles vaccination) is not the only concern. Other diseases prevented by vaccination may also present a problem at Cadet Camps, e.g. meningococcal disease, whooping cough, and vaccination for these should also be up-to-date.*

*Should you have any questions please discuss with you doctor or RMLO. The following professional, evidence-based references may be useful:*

- <https://www.canada.ca/en/public-health/services/diseases/measles.html>
- <https://www.cdc.gov/measles/about/parents-top4.pdf> (english only)
- <https://www.cdc.gov/vaccines/parents/diseases/child/measles-basics-color.pdf> (english only)

**Before you (your child) travel to a CTC this summer please ensure:**

- The Cadet carries their immunization record booklet with them
- You have read and understood the content of this letter
- You have read and understood the recommended references if needed
- The Cadet has had two (2) vaccines from the MMR series (not mandatory but highly recommended)